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FOR ACTION

RECOMMENDATION FOR FUNDING FROM SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN CROATIA*

SUMMARY

The present document contains a recommendation for funding from supplementary funds for a two-year programme of UNICEF cooperation to help meet the urgent needs of women and children in Croatia. The Executive Director recommends that the Executive Board approve the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)	Duration
	Supplementary funds	
Croatia	3 000 000	1994-1995

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

CROATIA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	1.0
Under-five mortality rate (U5MR) (per 1,000 live births) (1990)	14
Infant mortality rate (IMR) (per 1,000 live births) (1990)	12
Underweight (percentage moderate and severe)	..
Maternal mortality rate (MMR) (per 100,000 live births) (1989)	4
Literacy (percentage male/female)	../..
Primary school enrolment (percentage net, male/female)	../..
Percentage of grade 1 reaching grade 4	..
Access to safe water (percentage)	..
Access to health services (percentage)	..
Gross national product (GNP) per capita	$.. a/
One-year-olds fully immunized against (percentage) (1991):	
tuberculosis	92
diphtheria/pertussis/tetanus	85
measles	89
poliomyelitis	84
Pregnant women immunized against (percentage):	
tetanus	..

a/ Estimated to be lower-middle-income ($676-$2,695).

The situation of children and women

1. From the period after the Second World War up to 1991, Croatia existed as one of the six republics of the former Socialist Federal Republic of Yugoslavia. Until recently, Croatia's economy provided a fairly comfortable standard of living. Official sources show a per capita gross domestic product of some $2,181 before the dissolution of the Socialist Federal Republic of Yugoslavia, which, given the price structure at the time, could be said to be relatively satisfactory. In addition, the former Yugoslavia was able to provide all the benefits of life in the heart of Europe; health care was as good as anywhere on the continent and the education system equipped children to take their place in a highly cultivated society with a long history of excellence in literature, music, theatre, dance and other elements in the great tradition of European culture.

2. In the past few years, however, the region has been affected by sweeping political and social changes with the collapse of communist regimes and the transition from centrally planned to market economies. Croatia seceded from the

Socialist Federal Republic of Yugoslavia in June 1991 and its independence, recognized by the international community in May 1992, came at a steep price. War broke out shortly after the secession and the Croatian economy has since been severely disrupted. Production has declined by some 33 per cent, unemployment has risen to 22 per cent of the workforce and inflation has fluctuated between 20 and 40 per cent per month since the beginning of the war.

3. Added to this is the massive influx of refugees and displaced persons caused by the war. There are now about 500,000 refugees and displaced persons registered in Croatia who are essentially dependent upon assistance from the Government and from the various humanitarian agencies now operating in the country. It is believed that the real number of refugees (estimated at 600,000 persons) is actually higher than the number registered. Today, an estimated 1.7 million people, or some 37 per cent of Croatia's population, are now dependent in one way or another upon social aid for all or a part of their livelihood. This includes people who have been affected by the economic crisis, refugees and displaced persons.

4. The intensity of the war in the neighbouring cities of Bosnia and Herzegovina has distracted external attention from the fact that many Croatian cities, including Osijek, Slavonski Brod, Zadar, Karlovac and Dubrovnik, have been subject to frequent bombardment. Throughout the conflict, the "front-line" villages and towns on Croatian-controlled territory have had their dwellings, schools and other social services facilities damaged or destroyed by the shelling.

5. As a result of the war, some 23 per cent of Croatia's sovereign territory falls in United Nations Protected Areas (UNPAs). Many of the people once living in these areas now live as displaced persons elsewhere in Croatia and are unable to return to their homes, pending a political settlement of the war. Of those who remain, the vulnerable population comprises 300,000 to 400,000 civilians, mainly women and children. The remaining population in these areas receives comparatively little attention from the international community, yet they also suffer acutely from a variety of problems, including hyperinflation, a shortage of essential supplies, damage to and destruction of social services from the war, lack of proper administrative services and structures and a high degree of uncertainty, fear and tension.

6. Throughout Croatia, the social safety net that existed in the former Yugoslavia is now dwarfed by the sharp increase in the number of beneficiaries. At the same time, the real value of payments made by the social welfare system to beneficiaries has been reduced to nominal amounts by inflation.

7. The health system is gravely compromised by the economic situation. There are little or no funds to purchase medicines and materials. The social welfare system is no longer able to assume the entire cost of hospitalization and medicines. In addition, a number of hospitals and health centres have been damaged or destroyed during the war, and thus, some people, particularly in rural areas, must travel long distances to find health care. Previously, the country had a high rate of immunization coverage for children. The war and subsequent economic recession have now forced Croatia into a position where

basic immunization activities for infants and young children can no longer be sustained without external assistance.

8. Nutritional status in Croatia varies by area. While there are no obvious signs of undernutrition so far, a number of vulnerable groups continue to be at high risk, including displaced elderly persons without relatives, the displaced population in urban areas and residents of certain reception centres. In addition, as in the other countries of the former Yugoslavia, breast-feeding rates are low, including in the UNPAs. Only 5 per cent of mothers exclusively breast-feed children under four months of age and 30 per cent of mothers breast-feed in combination with providing breast milk substitutes and other food, such as fruit juice, etc. Limited nutrition surveys indicate micronutrient deficiencies among certain segments of the population, such as vitamin A, B2 and C deficiencies and iron deficiency anaemia.

9. Crowded camps and reception centres for both refugees and displaced populations have resulted in poor hygiene conditions. Inadequate water supplies and electricity have similarly contributed to unhygienic conditions in these areas, including UNPAs and front-line cities.

10. The education system in Croatia is at present under severe strain. A considerable number of schools have suffered damage due to the war. The costs of basic learning supplies and materials have become prohibitive and beyond the financial capacity of many parents. Some schools have had to increase their capacities to accommodate the extra students from the refugee/displaced population.

11. During the war in Croatia and later in Bosnia and Herzegovina, a large number of children were exposed directly to hostilities and atrocities and consequently suffer from post-traumatic stress disorders. Altogether, the human suffering and material damage caused directly by the war have been considerable. According to official government sources, a total of around 6,700 people (including 170 children) have been killed; 24,300 people (including 755 children) have been wounded; and nearly 12,000 people (including 416 children) are missing. Some 195 primary schools, 128 pre-schools, 8 orphanages and 29 hospitals and health centres have been destroyed or damaged. In UNPAs, where people are already living under serious hardship, even worse shortages of food, fuel and medicines are expected to occur and there is a very real danger of malnutrition, particularly among children, and of people freezing in inadequately heated homes.

Programme cooperation, 1992-1993

12. Following the development of the emergency situation in Croatia, UNICEF organized a number of programmes to deal with the crisis and to contribute to the alleviation of the suffering of children and women among the general population, refugees and displaced persons. UNICEF interventions in health, nutrition, education, water supply and sanitation and psycho-social rehabilitation are described below.

Health and hygiene

13. Activities in the health programme included the distribution of essential drugs kits, vitamin kits, maternal and child health (MCH) kits and other medical supplies throughout Croatia, with priority to UNPAs and to areas with a heavy concentration of refugees and displaced persons. UNICEF also provided vaccines, vaccination supplies and limited cold-chain equipment to help the local authorities to maintain their infant immunization activities. Special emphasis was given to refugee and displaced children and children living in war-affected areas. At present, coverage levels are highly variable between different regions, ranging from 50 to 95 per cent. To promote hygiene, hygiene kits for newborns and infants were distributed in refugee camps and reception centres. Health and hygiene education materials have also been distributed among relevant health-care professionals.

Nutrition

14. Nutrition activities included provision of infant food and supplementary and weaning food for children and other vulnerable groups. The programme also contained an education component to promote breast-feeding among mothers.

Education

15. Several interventions were made in the education sector in various parts of Croatia, including UNPAs. First of all, education kits sufficient for the needs of 82,500 children were provided. UNICEF also supported training activities for teachers in centres for refugees and displaced persons. Under the mine-awareness programme, UNICEF supported the distribution of 150,000 leaflets explaining the danger of mines to children. Along the same theme, the preparation and showing of videos in schools situated in areas at risk from mines was supported. A peace education programme is also in operation in the schools. Its purpose is to increase intercultural understanding among the various ethnic and cultural groups of Croatia and the former Yugoslavia.

Psycho-social interventions

16. To provide psychological help and therapy for children traumatized by the war, UNICEF supported the training of social sector personnel, firstly, to recognize the symptoms of war trauma in schoolchildren and, secondly, to treat such children by using a variety of psychological techniques including art therapy.

Advocacy

17. UNICEF has already printed and distributed a booklet on the principle of a "first call for children". The organization is also raising awareness of children's rights among community groups, community leaders and policy makers through publicity campaigns and a wide variety of related activities.

Lessons learned

18. UNICEF assistance to Croatia began as part of an emergency response within the framework of a United Nations inter-agency appeal process. Owing to the uncertainty of funds and the complexities of the appeal process, a number of the project activities originally planned could not be implemented. In providing emergency relief, UNICEF has tried to include certain planning and programming elements in its assistance in order to facilitate, as much as possible, moving towards a recovery and rehabilitation programme. UNICEF has also been required to undertake considerable lobbying and advocacy activities. Much of UNICEF assistance was developed in close collaboration with Croatian Government counterparts. Such interaction and close working relationships have enabled UNICEF to lay the groundwork for medium- and longer-term programming processes. UNICEF was also able to identify and establish contacts with a number of non-governmental organizations (NGOs) and other partners in the implementation of related projects during the period. These NGOs, together with United Nations agencies such as the World Health Organization, the United Nations Educational, Scientific and Cultural Organization, the World Food Programme and the Office of the United Nations High Commissioner for Refugees, are likely to become partners in the proposed programme of cooperation.

Recommended programme cooperation, 1994-1995

Estimated annual expenditure

(Thousands of United States dollars)

	1994	1995	Total
Supplementary funding			
Health	375	1 125	1 500
Nutrition	75	225	300
Education	100	300	400
Children in especially difficult circumstances	75	225	300
Social mobilization	25	75	100
Programme support	100	300	400
Total	750	2 250	3 000

19. As early as November 1992, UNICEF initiated the first preparatory activities of a joint programme for 1993 with the technical ministries of the Government of Croatia. An introductory workshop for a programming exercise was convened jointly with the Croatian Office for Displaced Persons in March 1993 and resulted in a draft plan of action for that year. This has facilitated the process of preparation of the present programme proposal for the 1994-1995 period. Programme and sectoral working groups have been established to develop the programme goals, formulate strategies and identify projects for joint cooperation.

20. The goals of the World Summit for Children, among them the mid-decade goals, form a relevant and viable framework to work towards, since many of these goals had already been achieved in Croatia. A highly developed health and education infrastructure with trained manpower is already in place. Thus, responses and interventions will require only the maintenance and enhancement of existing capacity, rather than large-scale service delivery and capacity-building. Indeed, pre-war conditions of only a few years ago indicated high levels of well-being among children and women, which have subsequently been reversed. The programme strategies are outlined below:

(a) The urgent needs of children and other vulnerable groups will be met, giving priority to the neediest groups among the population, including children and women in the areas of conflict, in cities that still suffer bombardment and in UNPAs;

(b) The Government will be assisted in its efforts to transform social services in line with more cost-effective policies and technologies, as well as in maintaining the national capacity to plan, implement and monitor programmes designed for children;

(c) The present emergency response will be continued to assist families who are displaced or refugees and those living in the areas of conflict, including UNPAs, to meet their children's survival and development needs. An emergency response will continue at least until basic services for children and women are restored to a minimum level;

(d) Focused interventions will be made to maintain national capacities and to prevent further deterioration in basic services for children and women, with priority to disadvantaged groups among the population;

(e) Strengthening partnerships among the Government, NGOs and other organizations and institutions will be important in maximizing the effectiveness of interventions;

(f) Advocacy activities will be carried out with regard to the need to protect all vulnerable groups during this critical period. A central part of this approach will be to promote compliance with the Convention on the Rights of the Child through the Mayors as Defenders of Children initiative.

Programme components

21. Health. In order to reduce infant, child and maternal mortality, UNICEF will assist the Government in improving the quality of primary health care, with special emphasis on MCH. Significant morbidity changes are not yet registered by the National Institute of Public Health. The programme will aim at covering the needs of children in areas with the largest concentration of refugees, in front-line towns and in UNPAs. The shortage of essential drugs is one of the major threats to the health of children. Physicians in the field will be trained in the rational use of essential drugs and current practices will be evaluated. Acute respiratory infections (ARI) constitute the most common disease of children in Croatia, and the programme will also focus on training physicians, nurses and mothers in the treatment, care and management of ARI

according to internationally accepted protocols. In the expanded programme on immunization, the ultimate objective will be not only to reach a high level of coverage but also to eliminate or drastically reduce the incidence of vaccine-preventable diseases such as poliomyelitis, measles and tetanus. UNICEF will also strengthen government capacity to improve their surveillance system for vaccine-preventable diseases.

22. Nutrition. In Croatia, only 30 per cent of women breast-feed their babies until they are four months of age, and even then not exclusively. UNICEF has introduced the Baby-Friendly Hospital Initiative, and the future programme will focus on the training of trainers, media campaigns and changing hospital practices. UNICEF will also advocate strongly for the end of free distribution of infant formula in hospitals and maternity wards. Appropriate interventions will be supported to address deficiencies in micronutrients such as vitamin A, iron and iodine, in the identified areas. In addition, UNICEF will lend some support to growth monitoring of pre-school and elementary-age schoolchildren in order to evaluate the impact of the war and propose corrective interventions.

23. Education. In the education sector, UNICEF will assist the Government in activities currently under way, such as the mine-awareness programme, education for peace and restructuring of the primary school system. UNICEF will also provide some support for the education and rehabilitation of handicapped children.

24. Children in especially difficult circumstances. It is estimated that there are least 40,000 children in need of assistance in dealing with the consequences of the war. UNICEF will continue its assistance to the Ministry of Education in implementation of a school and pre-school project that helps local school teachers, pre-school teachers and parents to assist children affected by war. Through the development and implementation of simple creative methods and simple psychological interventions that can be used in regular school and pre-school curricula, children will be helped to express and come to terms with their war experiences. UNICEF will assist in providing further education, supervision and support for local professionals already included in the project, as well as those from the schools in the crisis regions, which will now be included systematically in the extension of the project. The project will be supported by supplying materials such as brochures, manuals and drawing materials and toys, as well as by media coverage, the production of brochures describing the experiences of the professionals included in the project and other activities aimed to promote the objectives and achievements of the project. UNICEF will also provide some assistance to the training programmes for social workers dealing with such children organized by the Ministry of Labour and Social Welfare.

25. Advocacy for the rights of children. The Republic of Croatia has signed and ratified the Convention on the Rights of the Child and UNICEF will continue to advocate for its implementation, particularly as a legal framework for meeting the needs of displaced and refugee children and children in UNPAs. A number of programmes and activities supporting the Convention are already under way at the community level, involving children, parents, some NGOs and the media. Some of these activities are supported directly by UNICEF, while others have been initiated locally and independently from UNICEF. During the 1994-1995

period, UNICEF proposes to promote campaigns for the protection of children's rights using such community-based mechanisms as noted above, as well as nationwide initiatives such as media campaigns and the Mayors as Defenders of Children initiative.

26. Monitoring and evaluation. Implementation of the existing emergency programme was monitored as and when the emergency situation permitted, with UNICEF staff being able to observe the effectiveness of assistance on a selective basis. The proposed programme will aim to strengthen the establishment of baseline data and the development of appropriate mechanisms and tools to monitor programme performance as well as achievement of mid-decade goals. Monitoring for the proposed programme will be supported primarily by UNICEF staff in Croatia, as well as by staff from the area office. Information obtained from field personnel of other agencies, governmental organizations and NGOs will be utilized. Regular field visits will be undertaken to assess the effectiveness of UNICEF assistance, and programme adjustments will be made accordingly. A programme review will be held jointly with participating governmental organizations, NGOs, United Nations agencies and other partners towards the end of 1995.

27. Programme support. The UNICEF office for Croatia, located at Zagreb, will continue to function in order to ensure effective planning, implementation and monitoring of the programmes proposed for the next two-year cycle. The office, working closely with the Government, will also carry out much needed coordination with other United Nations partners, NGOs and bilateral agencies in implementation of the programmes.